

# Work Order ID 88723

Tuesday, July 31, 2012 3:01:09 PM

**\*88723\***

Page 1

Item ID: D350-604-041

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Rear Locker Extender

Start Date: 7/31/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/24/2012 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: *[Signature]*

Date: *12-07-31* Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
D2273	F								
D350-604-041	B								

100

0.00

**\*100\***

DOCUMENT CONTROL *sl*

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D350-604-041

CHG003 for D2273 rev.E (new gelcoat)

CHG004 for D2273 rev.F (new primer)

110

0.00

**\*110\***

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: *17583*

Description: D350-604-041 Rear locker extender.

Supplier: Delastek.

Certification of Conformity and process sheet from Delastek is required.

4 x 2600-6 Camlock stud - Ship to Delastek B *122335*

4 x 2600-LW Retaining washers - Ship to Delastek B *12152V*

*SCRAP*

*12-07-31*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**Work Order ID 88723**

Tuesday, July 31, 2012 3:01:09 PM

**\*88723\***

Page 2

Item ID: D350-604-041

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Rear Locker Extender

Start Date: 7/31/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/24/2012 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120

Receive & Inspect for Damage & Mat'l Certs  
Packaging

0.00

**\*120\***

Packaging

Memo

0.00

Packaging

Ensure a copy of Certification of Conformity and process sheet from Delastek is attached.

1x  
SP  
12-8-13.

130

QC5- Inspect part completeness to step on W/O

0.00

**\*130\***

QC

Memo

0.00

Quality Control

Check hole locations to template. DT 8824 Check process sheet and audit.

140

0.00

**\*140\***

Small Fab

Memo

0.00

Small Fab

INSTALL DECALS AS PER DWG

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear. <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

**Work Order ID 88723**

Tuesday, July 31, 2012 3:01:09 PM

**\*88723\***

Page 3

Item ID: D350-604-041

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Rear Locker Extender

Start Date: 7/31/2012 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/24/2012 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run

Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

150

QC5- Inspect part completeness to step on W/O

0.00

**\*150\***

QC

Memo

0.00

Quality Control

160

Packaging

0.00

**\*160\***

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D350-604-041

Location: \_\_\_\_\_

PPP Rev: \_\_\_\_\_

170

QC21- Final Inspection - Work Order Release

0.00

**\*170\***

QC

Memo

0.00

Quality Control

07/21/08/30

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

Page 1

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Work Order ID: 88723

**\*88723\***

Parent Item: D350-604-041

**\*D350-604-041\***

Parent Item Name: Rear Locker Extender

Start Date: 7/31/2012

Required Date: 8/24/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:Q03.12.01ReformatKJ/RF IPP REV:R  
12.02.07 AS PER ECN12-521 DD verf:JLM IPP REV:S 12.04.04  
AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2269		Manufactured	No				Each	36.0000		1			
<b>*D2269*</b>									<b>**</b>				
Decal													
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				ST007		32							
				80011		20							
				86944		12							
				ST009		4							
				78920		4							
2600-6		Purchased	No			110	Each	391.0000	4	4			
<b>*2600-6*</b>									<b>**</b>				
Camlock Stud													
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				ST380		391							
				120077		8							
				121556		4							
				122317		34							
				122335		145							
				122441		200							

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							



# Picklist Print

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Work Order ID: 88723

**\*88723\***

Parent Item: D350-604-041

**\*D350-604-041\***

Parent Item Name: Rear Locker Extender

Start Date: 7/31/2012

Required Date: 8/24/2012

Start Qty: 1.00

Required Qty: 1.00

2600-LW

Purchased

No

110

Each

515.0000

4

4

**\*2600-LW\***

Camloc Retaining Washer

**\*\***

Location

Loc Qty

Loc Code

380

200

122452

200

ST380

312

121524

112

122317

200

ST381

1

121287

1

ST398

2

120648

2

D350-604-041P

Purchased

No

110

Each

3.0000

1

1

**\*D350-604-041P\***

Rear Locker Extender

**\*\***

Location

Loc Qty

Loc Code

CA

3

87193

1

87194

1

87196

1

D2268

Manufactured

No

140

Each

41.0000

1

1

**\*D2268\***

Decal

**\*\***

Location

Loc Qty

Loc Code

ST007

20

80010

20

ST009

21

69592

2

78908

7

86752

12

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Shop Packet Print

Page 2

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> <td style="width: 33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
---	---	---	---



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO17583

Purchase Order Date 7/31/12

PO Print Date 8/09/12

Page Number 2 of 3

Order From :

VU-SOL001

SOLVE COMPOSITES  
29 DISTRIBUTION WAY, SUITE 101  
PLATTSBURGH, NEW YORK 12901  
UNITED STATES OF AMERICA

Contact Name

Vendor Phone 518-324-3838

Vendor Fax 518-324-5530

Vendor Account Nbr

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Brigitte Golden

10127-2607

Net 30

USD

Destination-Collect

4 D350-604-041P Rear Locker Extender 8/24/12 1.00 FedEx PI collect \$315.0000 \$315.00  
Yes Each

Special Inst: SAME AS ABOVE  
B#88727

5 D350-604-041P Rear Locker Extender 8/24/12 1.00 FedEx PI collect \$315.0000 \$315.00  
Yes Each

Special Inst: SAME AS ABOVE  
B#88726

6 D350-604-041P Rear Locker Extender 8/24/12 1.00 FedEx PI collect \$315.0000 \$315.00  
Yes Each

Special Inst: SAME AS ABOVE  
B#88725

7 D350-604-041P Rear Locker Extender 8/24/12 1.00 FedEx PI collect \$315.0000 \$315.00  
Yes Each

Special Inst: SAME AS ABOVE  
B#88724

8 D350-604-041P Rear Locker Extender 8/24/12 1.00 FedEx PI collect \$315.0000 \$315.00  
Yes Each

Special Inst: SAME AS ABOVE  
B#88723

No substitution or deviation without  
consent.

Certificate of Conformity or Material  
Certification required YES NO

Change Nbr: 5

Change Date: 8/09/12

8/28/13

This invoice must be completed in English

**COMMERCIAL INVOICE**

<b>EXPORTER :</b> Tax ID# : Contact Name : Alisa Langille Telephone No. : 5183243838 E-Mail : solvecomposites@hotmail.com Company Name/Address : Solve Composites 29 Distribution Way Suite 101  Plattsburgh NY 12901 Country : United States Parties to Transaction: <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related Payment Terms : Purpose of Shipment : Commercial	<div style="border: 1px solid black; height: 100px; width: 100%; position: relative;"> <span style="position: absolute; top: 5px; left: 5px;">X</span> </div> Ship Date : 10 Aug, 2012 Air Waybill No. / Tracking No. / Bill of Lading : 798720600933 Invoice No. : Purchase Order No. : SOLD TO (if different from Consignee) : <input checked="" type="checkbox"/> Same as CONSIGNEE : Tax ID# : Company Name/Address :  Country :																
<b>CONSIGNEE :</b> Tax ID# : Contact Name : Linda Lacelle Telephone No. : 6136325200 E-Mail : Company Name/Address : Dart Aerospace 1270 ABERDEEN ST  HAWKESBURY ON K6A1K7 Country : Canada	Country :																
If there is a designated broker for this shipment, please provide contact information Name of Broker    Tel No.    Contact Name Duties and Taxes Payable by <input type="checkbox"/> Exporter <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other If Other, please specify																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No. of Packages</th> <th style="width: 10%;">No. of Units</th> <th style="width: 10%;">Unit of Measure</th> <th style="width: 40%;">Description of Goods</th> <th style="width: 15%;">Harmonized Tariff Number</th> <th style="width: 10%;">Country of Origin</th> <th style="width: 10%;">Unit Value</th> <th style="width: 5%;">Total Value</th> </tr> </thead> <tbody> <tr> <td></td> <td>3.00</td> <td>THM</td> <td>Commercial - fiberglass panel</td> <td>701939100000</td> <td>US</td> <td>250.000000</td> <td>750.00</td> </tr> </tbody> </table>		No. of Packages	No. of Units	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Origin	Unit Value	Total Value		3.00	THM	Commercial - fiberglass panel	701939100000	US	250.000000	750.00
No. of Packages	No. of Units	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Origin	Unit Value	Total Value										
	3.00	THM	Commercial - fiberglass panel	701939100000	US	250.000000	750.00										
Total No. of Packages : 3    Total Weight (Indicate LBS or KGS) : 150.00-lbs																	
Special Instructions :																	
Declaration Statement(s) : These commodities, technology, or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to United States law is prohibited. I declare that all the information contained in this invoice to be true and correct Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual :																	
Signature / Title / Date																	
Incoterms : FCA/FOB Subtotal : 750.00 Insurance : 0.00 Freight : 0.00 Packing : 0.00 Handling : 0.00 Other : 0.00 Invoice Total : 750.00 Currency Code : USD																	



## **Certificate of Conformance**

**Solve Composites**

**29 Distribution Way**

**Plattsburgh, New York, 12901**

**USA**

**Dart Aerospace Order Number: 17583**

**Part Number: D2273**

**Quantity: 1**

**Drawing Number: D2273, DT8020**

**Serial Number (s): 0013**

**Date: August 10, 2012**

**Non-Conformances: None**

**This is to certify that the parts identified above conform to all applicable drawings and/or specifications as evidenced by reports on file, and that all other purchase order and quality requirements have been met.**

**Jerry Reyell**

**Project Manager**

**Solve Composites**

## Chantal Lavoie

---

**From:** Jerry Reyell <JReyell@solvecomposites.com>  
**Sent:** August 14, 2012 7:13 AM  
**To:** 'Isam El-Kassis'  
**Cc:** 'Chantal Lavoie'; 'Melanie Fauteux '; 'Eric Downing'  
**Subject:** RE: shipment # 13422

Return using RMA 821.

Jerry Reyell  
Project Manager  
Solve Composites  
29 Distribution way  
Suite 101  
Plattsburgh, NY 12901  
518-324-3838  
Extension 105

---

**From:** Isam El-Kassis [<mailto:ielkassis@dartaero.com>]  
**Sent:** Monday, August 13, 2012 3:46 PM  
**To:** 'Jerry Reyell'  
**Cc:** Chantal Lavoie; 'Melanie Fauteux '; 'Eric Downing'  
**Subject:** RE: shipment # 13422  
**Importance:** High

Hi Jerry,

Please provide me with RMA for returning the three received today Rear lockers, three of them 'been rejected.(lockers # 0011, 012 & 013), we fixed 0010 ourselves. Also try to find a sticker that goes on for part control.

Please have more control over the shipped parts to us, it is not practical for both of us to keep on returning the parts to you if they do not conform to our drawing or as per spec.

Thank you,

Isam

---

**From:** Isam El-Kassis [<mailto:ielkassis@dartaero.com>]  
**Sent:** Monday, August 13, 2012 1:51 PM  
**To:** 'Jerry Reyell' ([JReyell@solvecomposites.com](mailto:JReyell@solvecomposites.com))  
**Subject:** FW: shipment # 13422  
**Importance:** High

Hi Jerry,

FYI,  
I've sent Alisa this email, but she is on vacation I believe, could you please take care of this issue for me,

Also, just received a note from our Qc, the other two lockers we received they have a very thin Gelcoat, the drawing we sent you specify the thickness of the gelcoat, please do not reduce the amount of gelcoat now we have three questioned lockers, one is to be returned for sure and the other two we will be cleaning them if this did not work then we will return the three at the same time.

Thank you

Isam

---

**From:** Isam El-Kassis [<mailto:ielkassis@dartaero.com>]  
**Sent:** Monday, August 13, 2012 12:59 PM  
**To:** Alisa Langille ([alangille@solvecomposites.com](mailto:alangille@solvecomposites.com))  
**Cc:** Alisa Langille ([alangille@aol.com](mailto:alangille@aol.com))  
**Subject:** shipment # 13422  
**Importance:** High

Hi Alisa,

We received the three rear lockers now, unfortunately the repaired one from RMA 820 is not good, it shows clearly that there is a kind of hole in it, it has to be camouflaged completely therefore, we will not accept it as is right now, we need to return it, please provide RMA for this part (old RMA # 820)

*Regards,*

***Isam El-Kassis***  
Director of Operations



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T(613) 632-5200 ext. 231  
C(514) 463-7574  
F(613) 632-1053  
[ielkassis@dartaero.com](mailto:ielkassis@dartaero.com)



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Solve Composites  
29 Distribution Way Suite 101  
Plattsburgh NY 12091 USA  
Tel: 518-324-3838  
Fax: 518-324-5531

RECEIVED AUG 28 2012

### Credit Memo

Sold Dart Aerospace  
To: 1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Canada

Ship Dart Aerospace  
To: 1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Canada

Invoice Number:	CN 00001	Salesman:	UNKNOWN....
Invoice Date:	08/14/12	Terms:	Net 30 Days
Customer:	DART	PO Number:	17583

RMA# 821

<u>am</u>	<u>Quantity</u>	<u>Description</u>	<u>Revision</u>	<u>Unit Price</u>	<u>Amount</u>
1	3	D350-604-041P - D350-604-041P Rear Locker Extender	F	-\$315.0300 / EA	-\$945.09
					<b>Sub-total: -\$945.09</b>
					<b>Sales Tax: \$0.00</b>
					<b>Shipped Via Fedex Freight: \$0.00</b>
					<b>Invoice Total: -\$945.09</b>
					<b>Paid To Date: \$0.00</b>
					<b>Balance Due: <i>CL</i> -\$945.09</b>